DATENT	APPLICATION FE	E DETERMINATIO	N RECORD
PAICNI	APPLICATION		

Effective October 1, 2000

**Application or Docket Number** 

09705678

CLAIMS AS FILED - PART I (Column 1)			(Column 2) SMALL ENTITY TYPE TYPE			OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS						ĺ	RATE	FEE		RATE	FEE	
FOR NUMBER FILE		LED	NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS 19 minus 20=			*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 3 minus 3 =			•			X40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in c					olumn 2		TOTAL		OR	TOTAL	7/0	
CLAIMS AS AMENDED - PART II							SMALL I	ENTITY	OR	OTHER SMALL		
<del>,,</del>	hand o'm are the second and the seco	(Column 1) CLAIMS	etambaranilarin - soikinis		ımn 2) HEST	(Column 3)	l		ADDI-			ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X40=		OR	X80=	
\\ \text{\rightarrow}{\text{\rightarrow}}	FIRST PRESE	NTATION OF M	IULTIPLE DEP	ENDE	NT CLAIM		j	+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Col	umn 2)	(Column 3	)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NE NE	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=	
	FIRST PRESE	NTATION OF N	NULTIPLE DEF	PENDE	NT CLAIM			+135=		OR	+270=	
					<i>:</i>			TOTAL	-	OF	TOTA	
1	ADDIT. FEEOR ADDIT. FEE											
_	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS			lumn 2) GHEST	(Column 3	3)		ADDI	<b>-</b>		ADDI-
AMENDMENT C		REMAINING AFTER		NI PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	TIONAL
OME	Total	* AMENDMEN	Minus	**	<u></u>	=		X\$ 9=		OF	X\$18=	:
NEN NEW	Independent		Minus	***		=		X40=		T OF	X80=	
	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	ENT CLAI	v 🔲		+135=	+	1	070	
TOTAL								OF	TOTA	AL		
** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3" ADDIT. FEE									Ε	OF	ADDIT. F	E
'	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											